



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Nam	ie: Co	mait	tee To Elec	+ 8	wetsun	S rip"	Buller	53
Account Number:			_			10-26-	6 6	
REPORTING PERIO):	FROM:	10-10-06		10-3			
Check the box that app	lies to this i	report:						
Primary Election General Election	20	8-DAY 8-DAY	☐ 30-DAY ☐ 30-DAY		Office:	Sonate		
Other Election Special Election		8-DAY 8-DAY	☐ 30-DAY ☐ 30-DAY					
Year End Report		Final Org	anization Closing			Closing Date:		
regulations regarding	Campaign F	inance and	is Financial Report pac the election process in will perform an audit o	the State	of Delaware. I	understand that	representatives	
· CO	Seel &	2			202	10-0	26-06	
TREASURER SIGNATURE						DA	TE	
8/	a De	2				10-2	6-06	
CANDIDATE SIGNATURE						DA		ALL SALES



STATEMENT OF ACCOUNT BALANCE

AC	CCOUNT #:	REPORTING PERIOD:	U-10-ab 10-30-0
			FROM TO
1.	BEGINNING (Close Out l	BALANCE Balance from last reporting period)	9.55
2.	RECEIPTS:		
	A.	SCHEDULE A – TOTAL RECEIPTS	0
	В.	SCHEDULE C-1 - TOTAL IN-KIND CONTRIBUTIONS	<u> </u>
	C.	SCHEDULE D-1 - TOTAL LOANS RECEIVED	Q
	D.	SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECEIVED	<u></u>
	E. SUBT	TOTAL (Total of A, B, C, D)	0
3.	EXPENDITU	URES:	
	F.	SCHEDULE B - TOTAL EXPENDITURES	<i>Q</i>
	G.	SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES	Q
	Н.	SCHEDULE D-2 - TOTAL LOAN PAYMENTS	0
	I.	SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID	0
	J. SUB	TOTAL (Total of F, G, H, I)	Q
4.	ENDING BA (Beginning l	LANCE Balance plus 2E, minus 3J)	\$9.55
5.	VALUE OF I	NON-CASH ASSETS (From Schedule F)	
6.	VALUE OF I	DISPOSED/TRANSFERRED ASSETS (From Schedule G)	****
7.	VALUE OF I	COANS AT END OF PERIOD (Loan Balance from Schedule D-2)	7),
8.	CLOSE OUT	BALANCE (Must equal zero if Committee closed)	9 9.55



SCHEDULE A - TOTAL RECEIPTS

ACCT#:		R	EPORTING PERIOD:		
				FROM	то
over \$50. No period, each	OTE: If you recei	ive funds from the same person or ted if the aggregate amount is over	s from sales of items must be itemized if they a organization several times during the reporting are \$100, even if the individual amounts are not.	g	
Date Received	Contrib	Contributor Name	Contributor	Aggregate	Amount
Received	Туре	Name	Mailing Address	Amount	Received
					
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					-
	 				
	 				-
					
					
					
TOTAL RI	ECEIPTS IN EX	CESS OF \$100		\	
TOTAL ST		IN ITY CIPCE OF \$100		\	P

GRAND TOTAL RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	REPORTING PERIOD:		
		FROM	ТО
74	6100 C 4		.,
itemize all expenditures	over \$100 for the reporting period. All expenditures to Political	Committees must be itemized, rega	rdless
1. The second se	101.1	. •	

of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date	Payee	Payee	Reason	Aggregate	Amount
Expended	Name	Mailing Address	Code	Amount	Expended
		-	-		
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TOTAL EXPEND	ITURES IN EXCESS OF	\$100	1		
TOTAL EXPEND	OTTURES NOT IN EXCES	S OF \$100			
GRAND TOTAL	EXPENDITURES				
		2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)		L



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. IN-KIND CONTRIBUTIONS IN EXCESS OF \$100: NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES) Date Contributor Contributor Description of Mailing Address Contribution Value Received Name Mailing Address Contribution For a contribution of Contributor Contributor Description of Contributor Name Individual amounts are not contributor or contributor Description of Contributor Name Individual Address Contribution Value Received Name Individual Address In	ACCT#:		REPORTING PERIOD:		
NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. IN-KIND CONTRIBUTIONS IN EXCESS OF \$100: NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES) Date Contributor Description of Received Name Mailing Address Contribution Value Received Name Mailing Address Contribution Value Received Name Name Mailing Address Contribution Value Received Name Name Name Name Name Name Name Name				FROM	ТО
Date Received Name Contributor Mailing Address Description of Value Received Name Mailing Address Contribution Value Received Name Name Name Name Name Name Name Name	NOTE: If you recease item must be IN-KIND CONT	ceive in-kind contributions from e listed if the aggregate amoun FRIBUTIONS IN EXCESS O	n the same person or organization several times at is over \$100, even if the individual amounts a F \$100:	during the reporting period, are not.	,
Received Name Mailing Address Contribution Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Received Value Receive					
TOTAL IN-KIND CONTRIBUTIONS IN EXCESS OF \$100	Received				Value Received
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	TOTAL IN-KIN	D CONTRIBUTIONS IN EX	CESS OF \$100		
TOTAL IN-KIND CONTRIBUTIONS NOT IN EXCESS OF \$100		S CONTRIBUTION IN IM	01.00 O1 9100		
	TOTAL IN-KIN	D CONTRIBUTIONS NOT	IN EXCESS OF \$100		

GRAND TOTAL IN-KIND RECEIPTS (THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT#:		REPORTING PERIOD:		
			FROM	то
NOTE: If you pay each item must be IN-KIND EXPEN	in-kind expenditures to t listed if the aggregate at IDITURES IN EXCESS		g the reporting period, are not.	
Date Date	Payee	IR MARKET VALUE LESS ANY PAYMENTS YOU REC Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expended
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	NewWorld of Miledon Committee Committee Committee			
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TOTAL IN-KIND	EXPENDITURES IN	EXCESS OF \$100	,	
TOTAL IN-KIND	EXPENDITURES NO	OT IN EXCESS OF \$100		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

ACCT#;		REPORTING PERIOD:			
			FROM	TO	0
Alf loans in	All loans in excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.	PERIOD should be itemized on this schedule, NOTE: The	see loans must also be listed on Schedule D-2.		
LOANS RI	LOANS RECEIVED IN EXCESS OF \$50;				
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
TOTAL LC	TOTAL LOANS RECEIVED				
CIOLALAM	RIOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)	ENT OF ACCOUNT BALANCE, ITEM 2C)			STATE



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2 - LOAN		
ILE D-2		
HEDU		
SC		
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All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

TO

FROM

REPORTING PERIOD:

LOANS IN EXCESS OF \$50:

ACCT#:

Date	Lender Name	Endorser Name	Description	Int	Original	Payments	Loan
		Sections different parts	All Decide	Mate	Loan Amount	Made	Dalance
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				T			
				\ \			
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)						
FOTAL LOANS	ANS						
TOTAL PAY	MENTS MADE SHOULD ALSO APPEAR	ON PAGE 2, STATEMENT OF ACCOUNT	TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2. STATEMENT OF ACCOUNT BALANCE SHOULD AND ACCOUNT BALANCE SHOULD BALANCE	SO APPEAR O	N DACE 2 STATEME	TALLOS ACCOUNT	DALANCE PER



SCHEDULE E - EXPENSE REIMBURSEMENTS

CCT#:			REPORTI	NG PERIOD:	
					FROM
l expense reimbur	rsements received by you and paid by you must be it	temized.			
PER SIDE IDOUDA SIDA	PRO DECURITION OF THE TAXABLE CONTRACTOR				
Date T	NTS RECEIVED (Monies paid to you as reimbur Reimburser Name	Sements for expenses you incurred.) Description	1 4 45 74	Total	Reimbursement
Received	and Mailing Address	of Activity	Activity Date	Expense Amount	Received
1					
			 		
		\		 	
OTAL REIMBUI	RSEMENTS RECEIVED				ŀ
					L
REIMBURSEMENTS	RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE	E 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			
EIMBURSEMEN	NTS PAID (Monies paid by you to reimburse other	ers for expenses they incurred.)			
Date	Payee Name	Description	Activity	Total	Reimbursement
Paid	and Mailing Address	of Activity	Date	Expense Amoun	Paid
T					
	The second secon	———			-
		\			
OTAL REIMBUR	RSEMENTS PAID				
EIMBURSEMENTS	PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, ST.	ATEMENT OF ACCOUNT BALANCE, ITEM 3I)			
		\			



SCHEDULE F - NON-CASH ASSETS

REPORTING PERIOD:

ACCT #:

			FR	ом то
contributed to the organ	nization.	including those pa	aid for by the organization, lent to the organization	n and
LIST ALL NON-CAS	H ASSETS:			
Date Received	Description of Asset		Location of Asset (Physical Address)	Value of Asset
		7		
	1 11			
			\	
			\	
			\	
TOTAL ASSET VAL	UE			
(TOTAL ASSET VALUE S	SHOULD ALSO APPEAR ON PAGE	E 2, STATEMENT OF	F ACCOUNT BALANCE, ITEM 5)	



SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:	REPORTING PERIOD:			
			FROM	TO
Itemize all non-cash as	sets disposed of, transferred or sold by	the organization during the reporting period.		
ALL NON-CASH AS	·			
Date Eliminated	Description of Asset	Disposition of Asset		Value Received
		VI.1888		Received
		<u> </u>		
	***************************************	\ \		
				
	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
TOTAL ASSETS ELI	IMINATED		2	
TOTAL ASSETS ELIMIN	NATED SHOULD ALSO APPEAR ON PAG	E 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)		